

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			*		*		*	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2							52						
3							53						
4							54						
5							55						
6	1						56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19	1						69						
20	1						70						
21	1						71						
22		1					72						
23							73						
24	1						74						
25	1	1					75						
26		1					76						
27	1						77						
28		1					78						
29							79						
30	1						80						
31		1					81						
32							82						
33	1						83						
34		1					84						
35							85						
36							86						
37		2					87						
38		2					88						
39		2					89						
40		2					90						
41		2					91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	36						TOTAL DEP.						
TOTAL CLAIMS	45						TOTAL CLAIMS						